



The Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Embalming & Funeral Directing

C/O Exporior  
1260 Energy Lane  
St. Paul, MN 55108  
800-786-3926

[www.mass.gov/reg](http://www.mass.gov/reg)

**Embalmer's Type 1 & Funeral Director's Type 4--  
Application Fee \$90.00**

**BOARD USE ONLY**

Board: \_\_\_\_\_  
License #: \_\_\_\_\_  
Type: \_\_\_\_\_  
Cash #: \_\_\_\_\_  
Cash Date: \_\_\_\_\_

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: \_\_\_\_\_  
*Last First Middle*

2. Maiden Name: \_\_\_\_\_

3. Current Apprentice License#: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**BOARD USE ONLY**

Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_  
*No. Street Apt. #*

\_\_\_\_\_  
*City/Town State Zip Code*

6. Business Name (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
*No. Street Apt. #*

\_\_\_\_\_  
*City/Town State Zip Code*

7. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

8. Social Security Number (**Mandatory**): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign

jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?

Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

15. Education (High School) \_\_\_\_\_

*Name and Address*

16. Embalming School Attended \_\_\_\_\_

*Name and Address*

17. Date of Graduation from Embalming School \_\_\_\_\_

18. I have taken and passed the National Conference Examination for registration as a Funeral Director on \_\_\_\_\_

19. I served my Apprenticeship in Embalming under the supervision of \_\_\_\_\_

*Name of Embalmer*

Registration # \_\_\_\_\_ from \_\_\_\_\_

*Date to Date*

I also served under the supervision of \_\_\_\_\_ Registration # \_\_\_\_\_

*Name of Embalmer*

from \_\_\_\_\_  
*Date to Date*

20. I have cared for and embalmed \_\_\_\_\_ dead human bodies under the direction of the above named individual(s)
21. I have taken and passed the National Conference Examination for registration as an Embalmer on \_\_\_\_\_ (**attach certification from the Conference**)
22. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Certifications

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**Dean's Information (Embalming School):**

I \_\_\_\_\_ Dean of \_\_\_\_\_  
*Name Name and Address of Embalming School*

hereby certify that \_\_\_\_\_ has attended a course in instruction  
*Applicant's Name*

in Embalming from \_\_\_\_\_ to \_\_\_\_\_ and graduated  
*month/day/year month/day/year*

on \_\_\_\_\_ with \_\_\_\_\_ semester hours.  
*date*

Signature: \_\_\_\_\_  
*Dean of School of Embalming*

School Seal

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**Dean's Information (Funeral Directing School):**

I \_\_\_\_\_ Dean of \_\_\_\_\_  
*Name Name and Address of Funeral Directing School*

hereby certify that \_\_\_\_\_ has graduated from a course in instruction  
*Applicant's Name*

in Funeral Directing from \_\_\_\_\_ to \_\_\_\_\_  
*month/day/year month/day/year*

and has completed \_\_\_\_\_ semester hours.

Signature: \_\_\_\_\_  
*Dean of School of Funeral Directing*

School Seal

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**Sponsor's Information:**

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I hereby certify that \_\_\_\_\_ has been in my employ as a Registered  
*Name of Applicant*  
Apprentice from;

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*Date to Date*

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*Name of Embalmer*

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*Date to Date*

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*Name of Embalmer*

and has embalmed \_\_\_\_\_ human dead bodies under my direction and training. I hereby  
certify that he/she is of good moral character and recommend him/her as an applicant for

Registration in Embalming.

(Signed) \_\_\_\_\_  
*Name of Embalmer*

(Signed) \_\_\_\_\_  
*Name of Embalmer*